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26874

PATENT TRADEMARK OFFICE  
Atty. Docket: 91830/0480191

#36/1647/H  
83  
2/5/03

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Frank P. Zemlan et al. : Paper No:  
Serial No. 09/035,708 : Group Art Unit: 1647  
Filed: March 5, 1998 : Examiner: Robert C. Hayes, Ph.D.  
For: METHOD OF DETECTING AXONAL DAMAGE, ASSOCIATED DISEASE  
STATES, AND RELATED MONOCLONAL ANTIBODIES AND PROTEIN  
CONTROLS THEREFOR

**AMENDMENT TRANSMITTAL**

The Assistant Commissioner For Patents  
Washington, D.C. 20231

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment for the above-captioned application.

Applicant is a

- ☒ Small Entity  
☐ Large Entity

The proceedings herein are for a patent application and the provisions of 37 C.F.R.  
§1.136 apply.

*(complete (a) or (b), as applicable)*

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. §1.136 (fees:  
37 C.F.R. §1.17(a)(1)-(4)) for the total number of months checked below:

| Extension<br>(months)                         | Fee for other than<br>small entity | Fee for<br>small entity |
|---|------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> one month | \$ 110.00                          | \$ 55.00                |
| <input type="checkbox"/> two months           | 400.00                             | 200.00                  |
| <input type="checkbox"/> three months         | 920.00                             | 460.00                  |
| <input type="checkbox"/> four months          | 1,440.00                           | 720.00                  |
| Fee:  |                                    | <u>\$55.00</u>          |

Serial No. 09/035,708

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for \_\_\_\_ months has already been secured. The fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

(b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for petition for extension of time.

### **FEE FOR CLAIMS**

|   | Claims Remaining<br>After Amendment |           | Highest<br>Number<br>Previously<br>Paid For | Present<br>Extra | Rate Small<br>Entity             |                 | Rate Large<br>Entity         | Add'l<br>Fee |
|---|-------------------------------------|-----------|---|------------------|----------------------------------|-----------------|------------------------------|--------------|
| Total *   | 11                                  | Minus **  | 20  | = 0              | X 9.00                           | \$ 36.00        | X 18.00                      | \$           |
| Indep. *  | 1                                   | Minus *** | 3   | = 0              | X 40.00                          | \$120.00        | X 80.00                      | \$           |
| <input type="checkbox"/> First Presentation of Multiple Dependant Claim |                                     |           |   |                  | X 135.00                         | \$              | +270.00                      | \$           |
|   |                                     |           |   |                  | <b>Total<br/>Addt'l.<br/>Fee</b> | <b>\$ - 0 -</b> | <b>Total<br/>Addt'l. Fee</b> | <b>\$</b>    |

\* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of the prior amendment or the number of claims originally filed.

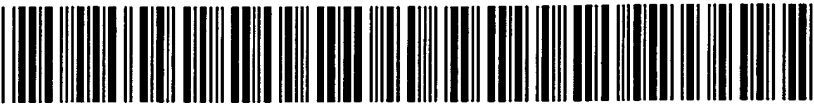
(complete (c) or (d) as required)

(c) ☒ No additional fee for claims is required.

(d) ☐ Total additional fee for claims required \$\_\_\_\_\_

### **FEE PAYMENT**

☒ Attached is a check in the sum of \$ 55.00 covering the required fee for a one-month extension of time.



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| No. | Doccode | Number of pages |
|-----|---------|-----------------|
| 1   | CTFR    | 8               |

Total number of pages: 8

Remarks:

Order of re-scan issued on .....